No. 2
—5-42
5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43423

State File No.

Registration District No. 68 Primary Registration District No. 5267 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Christian

(b) City or town rural - S. Galloway (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community passing thru years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell

(c) City or town West Plains Mo (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. (If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Mary Jane Eeles

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S U

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 3/23-1928 (Month) (Day) (Year)

8. AGE: Years 18 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Arkansas City Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name B. M. Eeles
13. Birthplace Minneapolis, Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Lillian Rowlett
15. Birthplace Colorado Sprgs, Colo. (City, town, or county) (State or foreign country)

16. (a) Informant B. M. Eeles

(b) Address West Plains, Mo.

17. (a) R. (Burial, cremation, or removal) (b) Date thereof 10/13-46 (Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Robertsons

(b) Address West Plains, Mo.

19. (a) Dec. 30-1946 (Date received local registrar) (b) Loretta Leonard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1946 hour 2 minute A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death fractured skull due to injuries rec'd	
~~Due to~~ in car wreck. brake probably locked	
~~Due to~~ when applied causing the car to turn	
~~Other conditions~~ over several times (Include pregnancy within 3 months of death) she died instantly.	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence Oct. 13-1946

(c) Where did injury occur? On Hiway 65 Chr. Co. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

While at work? (e) Means of injury

23. Signature T. W. Maples Coroner (M. D. or other)

Address Clever - Mo. Date signed 10-14-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 147-123
Date Filed JAN 15 1947

FEB 6 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J W Mayles

Licensed Embalmer No. 2985

P. O. Address Clever Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.